SERVICE STANDARDS – DRAFT – July 10, 2006

SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT

I. Service Description

Sex offender specific treatment is designed to improve public safety by reducing the risk of reoccurring sexually based offenses. It is an intervention carried out in a specialized program containing a variety of cognitive behavioral and psycho-educational techniques that are designed to change offense supportive beliefs and attributions, improve handling of negative emotions, teach behavioral risk management, and promote pro-social behavior. Because programming will rely on a containment approach, providers shall work closely with local service and treatment agencies to enhance the community's response to sexual offending. Along with sexual offender specific treatment, containment teams shall be established for each referral in order to ensure consistency in service delivery and decision-making and foster collaboration. Programming will provide services to children and their families who are referred by the Department of Child Services, the local Juvenile Court**,** and/or the local Juvenile Probation Department.

All referred cases shall follow a continuum that provides the following:

1) Risk and needs assessment for sexual offenders: **(emergency and non-emergency)**
   Assessments must include the following components: Youth, family and community strengths; cognitive functioning; social/developmental history; current individual functioning; current family functioning; delinquency and conduct/behavioral issues; substance use and abuse; mental health assessment; sexual evaluation; community risk and protective factors; awareness of victim impact; external relapse prevention systems including informed supervision amenable to treatment and treatment recommendations. It must also include an assessment of risk using the ERASOR (Estimated Risk of Adolescent Sexual Offender Recidivism).

2) Risk and needs assessment for victim sex abuse assessment (**emergency and non-emergency)**
   Assessments must include the following components: Presenting issue; history of abuse; familiar history; social/developmental history; developmental competence; sexual evaluation; substance use and abuse; assessment of risk in home, community risks and protective factors; youth, family and community strengths; treatment recommendations.

3) Containment Teams for offenders
   Traditional supervision practices do not adequately address the unique challenges and risks that sexually maladaptive youth pose to the community. Therefore it is expected that the provider will establish a "network" of family members, friends, teachers, coaches and any other community members or professionals who are committed to the success of the youth, to provide intensive monitoring of the youth in the home, school and community. This monitoring will occur 24 hours a day while the youth receives treatment.

4) Treatment must include individual, group and family components for both sex offenders and victims of sex abuse including the following:
   a. Case-specific treatment components through individual therapy including addressing personal history of sexual victimization and behavioral techniques designed to modify deviant sexual arousal if appropriate

b. Core treatment modules through group therapy including: psycho-education about the consequences of abusive behavior; increasing victim empathy, identifying personal risk factors, promoting healthy sexual attitudes and beliefs; social skills training; sex education; anger management and relapse prevention as appropriate
c. Parent components including: engendering support for treatment and behavior change; encouraging supervision and monitoring; teaching recognition of risk signs and promoting guidance and support to their teenager.
d. Relapse prevention if appropriate
e. Polygraph testing if appropriate
f. Family and victim support services
g. Compliance monitoring and reporting

Further, service providers shall strive to enhance the community's awareness of the dynamics of sexual abuse by providing the following:

a. Community awareness projects
b. Interdisciplinary training

II. Target Population

Services must be restricted to the following categories:

1) Youth, under the age of eighteen (18), experiencing sexually maladaptive behaviors, who are under the supervision of the local Division of Child Services, the local Juvenile Probation Department, and/or the local Juvenile Court. Family members are included in services.
2) Children who are victims of a sex offense and their families.
3) Children and families for whom a child protection service investigation has been initiated; or
4) Children and families who meet the requirements for CHINS 6; or
5) A family with a child (offender or victim) at imminent risk of placement.
6) Probation youth shall be included if they meet the criteria of 1, 2, 4 and/or 5 and the required case record documentation (referral, case plan and risk assessment) is provided to the local DCS for case processing.

III. Goals and Outcome Measures

Goal #1:
Timely initiation of services with the family.
Outcome Measures

1) Emergency Assessments: Initial recommendations must be provided to the referring worker within 48 hours of the assessment with a full assessment report to the worker within 72 hours of the assessment (by email).
2) Non-Emergency Assessments: A full assessment report must be available within fourteen calendar days of the referral (by email).
3) Treatment: The initial treatment plan including measurable goals, specific steps to be taken to meet those goals and estimated timeframes for completing each goal must be sent to the referring worker within fifteen calendar days of the first face-to-face contact with the client (by email).
4) Monthly progress must be completed and sent to the referring worker by email by the 10th of each month for the previous month. Reports must contain progress made since the previous report in each goal.

Goal #2:
Programming shall include a "full service" response including, but not limited to all of the components identified in the service standards.
Outcome Measures

1) A clinical audit undertaken by a DCS employee will find documentation relating to all of the required components.

Goal #3:
A Containment Team shall be implemented for each family referred to services. The Team approach will allow for families to participate in the decision making process regarding their family.
Outcome Measures

1) 100% of all children/families referred for treatment will have a fully functional network in place within 60 days of the initial face-to-face contact and will thereafter meet monthly to review the adolescent's progress, strengths and needs.
2) 100% of these meetings will have minutes prepared with action steps identified together with person(s) responsible for completing those steps. These minutes will be included with the monthly progress reports sent to the referring workers.

Goal #4:
Service providers shall work closely with local service and treatment agencies in order to enhance the community's response to sexual offending.
Outcome Measures

1) Selected providers will develop and promote quarterly community education opportunities regarding child/adolescent sexual abuse issues.

Goal #5:
Youth participating in the program will have no behavioral issues and/or probation violations.
Outcome Measures

1) 90% of youth/families participating in the program will not have any delinquency charges and/or probation violations during the treatment phase.
2) 75% of youth who successfully complete the program will not have any delinquency charges and/or probation violations within 12 months of completing the program.

IV. Qualifications

Minimum qualifications**:** Master's degree in a behavioral health science. Service providers will only utilize professionals who are specifically trained and are licensed practitioners. Training can occur through the University of Louisville, KY, Ohio University, OH, the Indiana Association for Juvenile Sex Offender Practitioners, or an equivalent recognized credentialed authority.

Further, staff members shall be knowledgeable of the dynamics surrounding child abuse/neglect, be knowledgeable of child and adult development and family dynamics, and also knowledgeable of community resources.

V. Billing Units

- Includes any client specific face-to-face contact with the identified client/family during which services as defined in the application Service Standard are performed.
- Includes any planning for the containment team meeting in support of goal-directed communication regarding services to the client/family.
- Includes preparing minutes from the containment team and making the minutes available to family members, DCS, and the original referring agency staff.
- Includes writing a report that results from direct services as outlined in the Service Standards and making the report available to family members, DCS, and the original referring agency staff at a minimum.

Translation or sign language:
Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:

1) A DCS referral form, **Juvenile** Court Order, or written referral from the Juvenile Probation Department;
2) Documentation of regular contact with the referred families/children and referring agency;
3) Written reports regarding each assessment;
4) Written minutes regarding each containment team meeting.
5) Written monthly progress reports

VII. Service Access

Referrals will be submitted via a DCS service referral, Juvenile Probation Department written referral (with written notification to the DCS with corresponding case processing information and/or the Court Order of the Juvenile Court (with written notification to the DCS with corresponding case processing information. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS, Juvenile Court, or Juvenile Probation Department. Providers must initiate a reauthorization for services to continue beyond the approved period.